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Solutions
Inc.

Tax Rating Services
Telecom & Sales Tax Services
Corporate Income Tax Services
FCC & State Regulatory Services

Received & Inspected

Oct 30 2013

FCC Mail Room

October 28, 2013

Office of the Secretary

Federal Communications Commission
9300 East Hampton Drive
Capitol Heights, MD 20743

RE: Compliance Filing in WC Docket No. 10-90
Federal Communications Commission, Rule 47 C.F.R. § 54.422, FCC Form 481 – Carrier Annual Reporting Data Collection Form filed on Behalf of Telrite Corporation d/b/a Life Wireless Wireless, LLC due October 15, 2013.

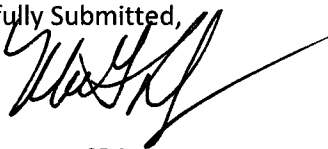
Dear Secretary:

In compliance with the requirements of FCC 47 C.F.R. § 54.422, please accept this paper filing of FCC Form 481 – Carrier Annual Reporting Data Collection Form(s) on behalf of Telrite Corporation d/b/a Life Wireless.

An extra copy of this letter is enclosed to be date-stamped and returned to us in the self addressed, postage-paid envelope.

Please do not hesitate to contact me at 407-260-1011 or regulatory@csilongwood.com if you have any questions or concerns. Thank you for your consideration in this matter.

Respectfully Submitted,



Mark Lammert CPA
Attorney-in-Fact
Telrite Corporation d/b/a Life Wireless

No. of Copies rec'd 0+1
List ABCDE

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2013

Received & Inspected

JUL 24 2013

FCC Mail Room

| | |
|---|----------------------------|
| <010> Study Area Code | 409016 |
| <015> Study Area Name | Telrite Corporation |
| <020> Program Year | 2014 |
| <030> Contact Name: Person USAC should contact with questions about this data | Mark Lamert |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 407-260-1011 |
| <039> Contact Email Address: Email of the person identified in data line <030> | regulatory@csilongwood.com |

| ANNUAL REPORTING FOR ALL CARRIERS | | 54,313 Completion Required | 54,422 Completion Required |
|--|----------------------|----------------------------------|-------------------------------------|
| <100> Service Quality Improvement Reporting (complete attached worksheet) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <200> Outage Reporting (voice) (complete attached worksheet) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> <input checked="" type="checkbox"/> <-- check box if no outages to report | | | |
| <300> Unfulfilled Service Requests (voice) | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <310> Detail on Attempts (voice) (attach descriptive document) | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <320> Unfulfilled Service Requests (broadband) | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <330> Detail on Attempts (broadband) (attach descriptive document) | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <400> Number of Complaints per 1,000 customers (voice) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <410> Fixed <input type="text" value="0.0"/> | | | |
| <420> Mobile <input type="text" value="0.0"/> | | | |
| <430> Number of Complaints per 1,000 customers (broadband) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <440> Fixed <input type="text"/> | | | |
| <450> Mobile <input type="text"/> | | | |
| <500> Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> <input type="text"/> (attach descriptive document) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600> Functionality in Emergency Situations (check to indicate certification) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> <input type="text"/> (attach descriptive document) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> Company Price Offerings (voice) (complete attached worksheet) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <710> Company Price Offerings (broadband) (complete attached worksheet) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <800> Operating Companies and Affiliates (complete attached worksheet) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/> (if yes, complete attached worksheet) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <1000> Voice Services Rate Comparability (check to indicate certification) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <1010> <input type="text"/> (attach descriptive document) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/> (if not, check to indicate certification) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <1110> <input type="text"/> (complete attached worksheet) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <1200> Terms and Condition for Lifeline Customers (complete attached worksheet) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

| | | | |
|--------|-----------------------------------|--------------------------|--------------------------|
| <2000> | (check to indicate certification) | <input type="checkbox"/> | <input type="checkbox"/> |
| <2005> | (complete attached worksheet) | <input type="checkbox"/> | <input type="checkbox"/> |

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

| | | | |
|--------|-----------------------------------|--------------------------|--------------------------|
| <3000> | (check to indicate certification) | <input type="checkbox"/> | <input type="checkbox"/> |
| <3005> | (complete attached worksheet) | <input type="checkbox"/> | <input type="checkbox"/> |

**(100) Service Quality Improvement Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0936/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|--|
| <010> | Study Area Code | 409016 |
| <015> | Study Area Name | Teletite Corporation |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mark Lammert |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 407-260-1011 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | regulatorycall@longwood.com |
| <110> | Has your company received its ETC certification from the FCC? | (yes / no) <input checked="" type="radio"/> <input type="radio"/> |
| | If your answer to Line <110> is yes, do you have an existing §54.202(a) "S | |
| <111> | year plan" filed with the FCC? | (yes / no) <input type="radio"/> <input checked="" type="radio"/> |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "S year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

<039> Contact Email Address - Email Address of person identified in data line <030> regulatory@cs1longwood.com

Page 3

| |
|----------|
| 1/1/2013 |
| |

Page 4

409016

Telex Corporation

2014

Mark Jammer

407-260-1011

regulatory@csilongwood.com

<d4>

[illegible]

<010> Study Area Code 409016

<015> Study Area Name Telrite Corporation

<020> Program Year 2014

<030> Contact Name - Person USAC should contact regarding this data Mark Jannert

<035> Contact Telephone Number - Number of person identified in data line <030> 407-260-1011

<039> Contact Email Address - Email Address of person identified in data line <030> regulatory@csilongwood.com

<810> Reporting Carrier Telrite Corporation

<811> Holding Company

<812> Operating Company Life Wireless Holdings, LLC

| <813> | Affiliates | SAC | Doing Business As Company or Brand Designation |
|---------------------------|------------|-----|--|
| See attached worksheet -- | | | |
| | | | |
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(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|---------------------------|
| <010> | Study Area Code | 409016 |
| <015> | Study Area Name | Telrite Corporation |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mark Lammeit |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 407-260-1011 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | regulator@cs1langwood.com |
| <910> | Tribal Land(s) on which ETC Serves | |

<920> Tribal Government Engagement Obligation

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

| | | |
|-------|--|----------------------------|
| <921> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions; | Select (Yes, No, NA) |
| <922> | Feasibility and sustainability planning; | |
| <923> | Marketing services in a culturally sensitive manner; | |
| <924> | Compliance with Rights of way processes | |
| <925> | Compliance with Land Use permitting requirements | |
| <926> | Compliance with Facilities Siting rules | |
| <927> | Compliance with Environmental Review processes | |
| <928> | Compliance with Cultural Preservation review processes | |
| <929> | Compliance with Tribal Business and Licensing requirements. | |

Name of Attached Document (.pdf)

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|----------------------------|
| <010> | Study Area Code | 409016 |
| <015> | Study Area Name | Telxrite Corporation |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mark Iannariti |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 407-260-1011 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | regulatory@csilongwood.com |

Please check this box to confirm no terrestrial backhaul
options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers
broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G)

☐

**(4200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|----------------------------|
| <010> | Study Area Code | 409016 |
| <015> | Study Area Name | Telrite Corporation |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mark Lammer |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 407-260-1011 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | regulatory@csilongwood.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP <http://www.lifelineless.com/>

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCS receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate of Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 461
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|----------------------------|
| <010> | Study Area Code | 409016 |
| <015> | Study Area Name | Telrite Corporation |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mark Lamarr |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 407-260-1011 |
| <039> | Contact Email Address - Email address of person identified in data line <030> | regulatory@csllongwood.com |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b)(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

| | | |
|---|---|--------------------------|
| Incremental Connect America Phase I reporting | | |
| <2010> | 2nd Year Certification (47 CFR § 54.313(b)(1)) | <input type="checkbox"/> |
| <2013> | 3rd Year Certification (47 CFR § 54.313(b)(2)) | <input type="checkbox"/> |
| Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) | | |
| <2012> | 2013 Frozen Support Certification | <input type="checkbox"/> |
| <2013> | 2014 Frozen Support Certification | <input type="checkbox"/> |
| <2014> | 2015 Frozen Support Certification | <input type="checkbox"/> |
| <2015> | 2016 and future frozen Support Certification | <input type="checkbox"/> |
| <2016> | Price Cap Carrier Connect America ILC Support (47 CFR § 54.313(d)) Certification Support Used to Build Broadband | <input type="checkbox"/> |
| Connect America Phase II Reporting (47 CFR § 54.313(e)) | | |
| <2017> | 3rd Year Broadband Service Certification | <input type="checkbox"/> |
| <2018> | 5th Year Broadband Service Certification | <input type="checkbox"/> |
| <2019> | Interim Progress Certification | <input type="checkbox"/> |
| <2020> | Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | <input type="checkbox"/> |
| <2021> | Interim Progress Community Anchor Institutions | <input type="checkbox"/> |

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation
Data Collection Form

ICC Form 481
OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2013

| | |
|---|---------------------------|
| <010> Study Area Code | 409016 |
| <015> Study Area Name | Tejate Corporation |
| <020> Program Year | 2014 |
| <030> Contact Name - Person USAC should contact regarding this data | Mark Jamarat |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 407-260-1011 |
| <039> Contact Email Address - Email Address of person identified in data line <030> | regul@citycsjlongwood.com |

CHECK the boxes below to note compliance on the five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

| | Progress Report on 5 Year Plan | Name of Attached Document Listing Required Information | |
|--------|---|--|--|
| (3010) | Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | | <input type="checkbox"/> |
| (3011) | Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) If your company is a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) PDF of Balance Sheet, Income Statement and Statement of Cash Flows | Name of Attached Document Listing Required Information | <input type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No) |
| (3012) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation | | <input type="checkbox"/> |
| (3013) | If the response is no on line 3014, is your company audited? | Name of Attached Document Listing Required Information | <input type="checkbox"/> (Yes/No) |
| (3014) | If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, Underlying information subjected to a review by an independent certified public accountant | | <input type="checkbox"/> |
| (3015) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3016) | Management letter issued by the independent certified public accountant that performed the company's financial audit. | | <input type="checkbox"/> |
| (3017) | If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, Underlying information subjected to a review by an independent certified public accountant | | <input type="checkbox"/> |
| (3018) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3019) | Management letter issued by the independent certified public accountant that performed the company's financial audit. | | <input type="checkbox"/> |
| (3020) | If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, Underlying information subjected to a review by an independent certified public accountant | | <input type="checkbox"/> |
| (3021) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3022) | Management letter issued by the independent certified public accountant that performed the company's financial audit. | | <input type="checkbox"/> |
| (3023) | If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, Underlying information subjected to a review by an independent certified public accountant | | <input type="checkbox"/> |
| (3024) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3025) | Management letter issued by the independent certified public accountant that performed the company's financial audit. | | <input type="checkbox"/> |
| (3026) | Attach the worksheet listing required information | Name of Attached Document Listing Required Information | <input type="checkbox"/> |

| | |
|---|--|
| Certification - Reporting Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|----------------------------|
| <010> Study Area Code | 409016 |
| <015> Study Area Name | Telrite Corporation |
| <020> Program Year | 2014 |
| <030> Contact Name - Person USAC should contact regarding this data | Mark Lammert |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 407-260-1011 |
| <039> Contact Email Address - Email Address of person identified in data line <030> | regulatory@csilongwood.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | |
|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: | Telrite Corporation |
| Signature of Authorized Officer: | CERTIFIED ONLINE Date 10/03/2013 |
| Printed name of Authorized Officer: | Kelly Jesel |
| Title or position of Authorized Officer: | CPO |
| Telephone number of Authorized Officer: | 678-202-1294 |
| Study Area Code of Reporting Carrier: | 409016 Filing Due Date for this form: 10/15/2013 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

| | |
|---|---|
| Certification Agent/Carrier Data Collection Form | OMB Control No. 3045-0085/OMB Control No. 3045-0085 |
|---|---|

| | |
|---|----------------------------|
| <010> Study Area Code | 409016 |
| <015> Study Area Name | Telrite Corporation |
| <020> Program Year | 2014 |
| <030> Contact Name - Person USAC should contact regarding this data | Mark Lammert |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 407-260-1011 |
| <039> Contact Email Address - Email Address of person identified in data line <030> | regulatory@csilongwood.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: _____ | |
| Name of Reporting Carrier: _____ | |
| Signature of Authorized Officer: _____ | Date: _____ |
| Printed name of Authorized Officer: _____ | |
| Title or position of Authorized Officer: _____ | |
| Telephone number of Authorized Officer: _____ | |
| Study Area Code of Reporting Carrier: _____ | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: _____ | |
| Name of Authorized Agent or Employee of Agent: _____ | |
| Signature of Authorized Agent or Employee of Agent: _____ | Date: _____ |
| Printed name of Authorized Agent or Employee of Agent: _____ | |
| Title or position of Authorized Agent or Employee of Agent: _____ | |
| Telephone number of Authorized Agent or Employee of Agent: _____ | |
| Study Area Code of Reporting Carrier: _____ | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

Attachments



FCC Form 481

Section 500 – Service Quality Standards & Consumer Protection Rules Compliance

Under FCC Rules, Section 54.202, an ETC must comply that it will satisfy applicable consumer protection and service quality standards. Telrite Corporation d/b/a Life Wireless (Telrite) is in compliance with the Cellular Telecommunications and Internet Association's Consumer Code for Wireless Service.

1. Telrite discloses rates and terms of service to customers at the time service is initiated. These same terms and conditions are posted on Telrite's website at www.lifewireless.com.
2. Telrite provides service availability information on their website at www.lifewireless.com.
3. Telrite provides contract terms to subscribers when they initiate or change service. These same terms are provided to subscribers during the annual recertification process as outlined in Commission rules that govern continued subscriber eligibility.
4. Telrite's Lifeline service can be terminated at any time by either party without an early termination fee. Service is dependent on continued usage and eligibility in the program.
5. Telrite provides disclosures, minutes included in Lifeline plans, expiration of rollover minutes, availability of service, and cost for additional minutes in published Lifeline advertising materials.
6. Telrite customers are provided options if they exceed the number of minutes provided in their Lifeline plan. If at any time a customer purchases additional minutes, charges and plan options are available on the company website at www.lifewireless.com.
7. Telrite's toll-free customer service number is 888-543-3620. Customers may also dial 611 from their Life Wireless handset to reach customer service free of charge or by contacting Telrite via email at info@lifewireless.com. This information is provided in the terms of service and on the company website and in all information provided to subscribers.
8. Telrite responds to all consumer inquiries and complaints received from government agencies within 30 days.
9. Telrite has procedures in place to maintain the privacy of subscriber proprietary information in accordance with applicable federal and state laws.
10. Telrite has available to Lifeline customers an online portal where customers can check their balances and purchase additional minutes.



FCC Form 481

Section 600 - Functionality in Emergency Situations

Under FCC Rules, an ETC must demonstrate its ability to remain functional in emergency situations. Since Telrite Corporation d/b/a Life Wireless (Telrite) is providing service to its customers through the use of facilities obtained from other carriers, it is able to provide to its customers the same ability to remain functional in emergency situations as currently provided by the carriers to their own customers, including access to a reasonable amount of back-up power to ensure functionality without an external power source, re-routing traffic around damaged facilities, and the capability of managing traffic spikes resulting from emergency situations.

Telrite, along with their underlying carriers, have created back-up systems to ensure functionality in the event of a loss of power or network functionality. Telrite maintains its own diesel-powered backup generator at their switching facility in Georgia. All systems within the facility are implemented on redundant servers, each with redundant data network and power.